

Application Data Sheet

Application Information

Application Type::	Continuation-In-Part
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Computer Readable Form (CRF)::	No
Title::	HIGH CAPTURE EFFICIENCY BAFFLE
Attorney Docket Number::	065640-0221
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	18
Small Entity::	No
Petition included::	No
Secrecy Order in Parent Application::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Majid
Family Name::	ENTEZARIAN
City of Residence::	Hudson

State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: 688 Old Hopkins Place
City of mailing address:: Hudson
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 54016

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James R.
Family Name:: JOHNSON
City of Residence:: Lady Lake
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 17152 SE 79th McLawren Terrace
City of mailing address:: Lady Lake
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 32162

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tim

Family Name:: HOOPMAN

City of Residence:: River Falls

State or Province of Wisconsin

Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address:: River Falls

**State or Province of mailing
address::** WI

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Charles S.

Family Name:: BRUNNER

City of Residence:: North Reading

State or Province of Massachusetts

Residence::

Country of Residence:: US

Street of mailing address:: 3 Valley Road

City of mailing address:: North Reading

**State or Province of mailing
address::** MA

**Postal or Zip Code of mailing
address::** 01864

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christopher T.

Family Name:: ZIRPS
City of Residence:: Sharon
State or Province of Massachusetts
Residence::
Country of Residence:: US
Street of mailing address:: 19 Briar Hill Road
City of mailing address:: Sharon
State or Province of mailing MA
address::
Postal or Zip Code of mailing 02067
address::

Correspondence Information

Correspondence Customer Number:: 22428
E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer Number::	22428	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/690,454	10/22/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: PHILLIPS PLASTICS CORPORATION